

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16493

State File No.

FILED MAY 9 1953

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 545

Registrar's No. 1218

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Maplewood c. LENGTH OF STAY (In this place) 10 yrs.				c. CITY OR TOWN Maplewood d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7712 Rannells Ave.				e. STREET ADDRESS (If rural, give location) 7712 Rannells Ave.			
3. NAME OF DECEASED (Type or Print) MARY COOK				4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1953			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-3-1873	
9. AGE (In years last birthday) 79		10. MONTHS 7		11. DAYS 25		12. IF UNDER 1 YEAR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home			
11. BIRTHPLACE (City and State or Foreign Country) Washington Co., Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry White				13b. MOTHER'S MAIDEN NAME Mary Counts			
14. NAME OF HUSBAND OR WIFE Joseph Cook				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war and dates of service)			
16. SOCIAL SECURITY NO. None				17. INFORMANT'S SIGNATURE OR NAME Mr. Willis A. Cook, above ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Condition ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. INTERVAL BETWEEN ONSET AND DEATH years.			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from April 24, 1953 , to April 28, 1953 , that I last saw the deceased alive on April 28, 1953 , and that death occurred at 3 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Vincent J. Townsend M.D.				23b. ADDRESS 3101st Sutton Ave Maplewood, Mo. 64229-53			
23c. DATE SIGNED 4-29-53				24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			
24b. DATE 4-29-53				24c. NAME OF CEMETERY OR CREMATORY New Home Cemetery			
24d. LOCATION (City, town, or county) (State) Cherryville, Mo.				25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, Maplewood, Mo. ADDRESS			
DATE REC'D BY LOCAL REG. 4-30-53				REGISTRAR'S SIGNATURE Herbert R. Donko-M.D.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

H. L. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.